

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/1677900  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5						
6						
7						
8						
9		8				
10	1.					
11	1.					
12	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	18	↔	↔	↔		
TOTAL CLAIMS	25					

IND	DEP	IND	DEP	IND	DEP
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52					
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100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					